

UNITED STATES ATTORNEY  
DISTRICT OF ARIZONA  
TWO RENAISSANCE SQUARE  
40 N. CENTRAL AVENUE, SUITE 1200  
PHOENIX, ARIZONA 85004-4408

**CITIZEN'S COMPLAINT**

**PLEASE NOTE:** The United States Attorney is responsible for the prosecution of violations of federal law investigated and referred to us by various federal, tribal and local law enforcement agencies. The United States Attorney also represents officers and agencies of the federal government in civil actions.

Therefore, our office can only prosecute cases investigated by the proper entity within our jurisdiction.

If you provide us with the facts of your complaint, we can then determine which of the relevant investigative agencies your case should be referred to and whether the case merits any further action by this office.

Once you fill out the form, mail it to the above address. If further information is needed, you will be contacted or you will receive a response from us where it is appropriate.

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**(Do not write above this line)**

Date of this form: \_\_\_\_\_

Your name: \_\_\_\_\_

Residence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: (Residence) \_\_\_\_\_

(Business) \_\_\_\_\_

Have you ever presented a complaint or information to this office before? \_\_\_\_\_

If so, when? \_\_\_\_\_

List all public agencies you contacted regarding this complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you were referred to this office by any agency or public official, name them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have an attorney representing you in this matter, give his name and address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you advised your attorney of this complaint to this office? \_\_\_\_\_

\_\_\_\_\_

Is there a court action pending which pertains to this matter? \_\_\_\_\_

\_\_\_\_\_

Case number and court: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State the details of your complaint or information. Use the reverse side if necessary. If you have any relevant documents, please attach xerox copies **only**. **DO NOT ATTACH ORIGINAL DOCUMENTS.**

Do you represent the facts below as true? YES \_\_\_\_\_

Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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